

FOR PRISONERS TO BE USED BY A PRISONER IN FILING A
CIVIL RIGHTS COMPLAINT

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Raymond Alves

(Enter above the full name of the plaintiff in this action)

v.

Dr. Ferguson, Director

AL Compoly, Assistant Director

Northern Regional Unit

P.O. Box 699

Kearny, N.J. 07032-0699

(Enter above the full name of the defendant or defendants
in this action)

COMPLAINT

Civil Action No. 01-789 (DMC)
(To be supplied by the Clerk of the Court)

RECEIVED

AT 8:30

WILLIAM T. WALSH
CLERK

INSTRUCTIONS – READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$150.00, your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

1. Jurisdiction is asserted pursuant to (CHECK ONE)

☒ 42 U.S.C. § 1983 (applies to state prisoners)

☐ Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics,
403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

- a. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

- b. Court and docket number: _____

- c. Grounds for dismissal. () frivolous () malicious () failure to state a claim upon which relief may be granted

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FORM TO BE USED BY
CIVIL RIGHTS COMPLAINT

d. Approximate date of filing lawsuit: _____

e. Approximate date of disposition: _____

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? Northern Regional Unit
Kearny, N.J. 07032.

4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

a. Name of plaintiff: Raymond Alves

Address: N.R.U. P.O. Box 699
Kearny, N.J. 07032.

Inmate #: 000058

b. First defendant - name: DR. Ferguson

Official position: Director

Place of employment: Northern Regional Unit, P.O. Box 699 - Kearny
N.J. 07032

How is this person involved in the case?
(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

Since April 2000, the defendants have failed to provide me with adequate
proper sex offenders treatment at the Northern Regional Unit for violent sexual
predators in Kearny, N.J. The said defendants are in charge of this facility
under the mental health services as being a civilly committed civilian, seeking
treatment. They are to provide me that treatment as a mental health patient. It is not
doing so is a violating my civil rights against the constitution of
the United States.

CIVIL RIGHTS COMPLAINT

c. Second defendant - name: AL Compoly
Official position: Assistant - Director
Place of employment: Northern Regional Unit, P.O. Box 699 Keating, N.J. 07032.

How is this person involved in the case?
(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

Same as First Defendant.

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☒ Yes ☐ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

I have repeatedly ask them personally for proper
Treatment and for a treatment Plan.

If your answer is "No," briefly explain why administrative remedies were not exhausted.

6. Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

Since April 2000 Both the defendants have failed to provide me with proper adequate

Sex offenders treatment AT the Northern Regional unit in Kearny, New Jersey.

There are less than any certified Sex offenders treatment providers on the

premises. The treatment team here relies on the Department of

Corrections for a host of essential services including medical care,

visits, food, security and i.e. etc. The treatment team allows the

Department of Corrections to dictate to them where, when, how and

don't ask why. In doing so is a violation of my constitutional rights

as a mental Health Patient. For I'm not being allowed to receive

proper treatment Because of the Department of corrections

dictation upon the treatment team. That the treatment

team is allowing to happen.

The defendants are the head of the treatment team.

These are to be held responsible for the violation

of my constitutional rights.

7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

For them to give me proper treatment so I
may as stated in the Resentit's Hand Book
work my treatment levels 1-4 so I may
be reunited into society.
Also to make this facility strictly
mental health and department of corrections free.
No more Department of corrections within the facility.

8. Do you request a jury or non-jury trial? (Check only one)

(☒) Jury Trial

(☐) Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of February, 10 2001

Raymond Alves
Signature of plaintiff

EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD
ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF
MUST SIGN THE COMPLAINT.

FORM TO BE USED BY A PRISONER
APPLYING TO PROCEED IN FORMA PAUPERIS

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Raymond Alves

(Enter above the full name of the plaintiff in this action)

APPLICATION TO PROCEED
IN FORMA PAUPERIS

v.

Civil Action No. _____

(To be supplied by the Clerk of the Court)

Dr. Ferguson, Director

At. Compoly, Assistant Director

Northern Regional Unit

P.O. Box 699

Kearny, N.J. 07032

(Enter above the full name of the defendant or defendants
in this action)

Raymond Alves

declare that I am the (check appropriate box)

☒ Petitioner / plaintiff / movant

☐ Other

In the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

I have been incarcerated for the past 12 months during
which time the only funds I have made are those for work
at the Northern Regional Unit Kearny, N.J.
my monthly pay is \$236.00 a month.

FORM TO BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS

In support of this application, I answer the following questions under the penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No

If "Yes," list dates and places of confinement for the six-month period immediately preceding the filing of this application:

Dates of Confinement

Place of Confinement

April 2000 - 2-1-2000

N. J. C. P. Box 699 / Conway, N.J.

For each institution in which you have been confined for the preceding six months, you must submit a certified copy of your prison account statement and an Account Certification Form (use attached Account Certification Forms).

2. Are you employed at your current institution? ☒ Yes ☐ No

Do you receive any payment or money from your current institution? ☒ Yes ☒ No

If "Yes," state how much you receive each month: \$ 36 monthly.

3. In the past 12 months, have you received any money from any of the following sources?

- | | | |
|--|------------------------------|--|
| a. Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

3. Other than your prison account, do you have any cash or checking or savings account? ☐ Yes ☒ No

If "Yes," state the total amount: _____

**FORM TO BE USED BY A PRISONER
APPLYING TO PROCEED IN FORMA PAUPERIS**

4. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or any other property or assets? ☐ Yes ☒ No

If "Yes," please describe: _____

5. List the persons who are dependent on you for support, your relationship to each person and how much you contribute to their support.

6. Authorization and Declaration

1. Raymond Alves.
(Print or Type Name and Number of Prisoner)

authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$150.00 fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

I declare under penalty of perjury that the information contained in this application is true and correct.

2-12-2001

DATE

Raymond Alves

SIGNATURE OF APPLICANT

2-12-2001

Please Accept this Gorma Pauper's
form as is.

For this Institution won't allow us
any legal outlet what so ever.

Nor will they fill out any form Properly
for us, If or when they do are forms come
Back incomplete and months later.

Thank You for your understanding

Sincerely yours.

Raymond Alves.

NORTHERN REGIONAL UNIT

RU #000058

COMMISSARY#101356

STATEMENT 12/30/00

ALVES RAYMOND

DATE	TRANSACTION DESCRIPTION	DEPOSITS	WITHDRAWALS	BALANCE
3/27/00	CASH	\$485.00		\$485.00
4/3/00	HIFI.COM		\$279.97	\$205.05
4/13/00	COMMISSARY		\$19.09	\$185.96
4/19/00	COMMISSARY		\$64.50	\$121.46
4/27/00	WALKENHOST'S		\$36.40	\$85.06
5/6/00	300VAR NW 06.00 HR	\$30.90		\$115.96
5/16/00	COMMISSARY		\$55.39	\$60.57
5/24/00	COMMISSARY		\$43.36	\$17.21
5/25/00	ACCESS CATALOG CO.		\$38.24	(\$21.03)
6/21/00	COMMISSARY		\$5.86	(\$26.89)
6/27/00	J.C PENNEY CO. INC.		\$67.61	(\$94.50)
6/27/00	DR. LEONARDS		\$37.97	(\$132.47)
7/7/00	300 VAR NW 44.00HR JUNE	\$226.60		\$94.13
7/13/00	HIFI.COM		\$119.99	(\$25.86)
7/13/00	B.M.G MUSIC		\$17.73	(\$43.72)
7/14/00	CHECK #391596	\$7.62		(\$36.10)
7/20/00	COMMISSARY		\$33.47	(\$69.57)
7/21/00	COMMISSARY		\$23.24	(\$92.81)
8/3/00	COMMISSARY		\$28.41	(\$121.22)
8/8/00	ACCESS CATALOG CO.		\$100.00	(\$221.22)
8/16/00	COMMISSARY		\$0.91	\$222.13
8/17/00	300 VAR NW 46.00HR MAY	\$236.90		\$15.68
8/17/00	300 VAR NW 46.00HR JULY	\$236.90		\$252.58
8/23/00	E.B.CATALOG CO., INC.		\$163.89	\$88.69
8/23/00	MUSIC SERVICE INC CENTER		\$44.73	\$43.96
8/30/00	COMMISSARY		\$30.44	\$13.52
9/13/00	COMMISSARY		\$13.43	\$0.09
9/15/00	300 VAR NW 46.00HR AUG.	\$236.90		\$236.99
9/19/00	THE SWISS COLONY		\$62.55	\$174.44
9/27/00	COMMISSARY		\$40.99	\$133.45
10/3/00	COMMISSARY	\$1.55		\$135.00
10/6/00	COMMISSARY		\$26.41	\$108.59
10/11/00	STARCREST OF CALIFORNIA		\$43.00	\$65.59
10/11/00	CAROL WRIGHT GIFTS		\$46.85	\$18.74
10/11/00	J.L.MARCUS INC.		\$39.25	(\$20.51)
10/13/00	300 VAR NW 46.00HR SEP.	\$236.90		\$216.39
10/23/00	FUNCOLAND INC.		\$65.94	\$150.45
10/23/00	B.M.G MUSIC		\$25.77	\$124.68
10/25/00	EASTBAY		\$55.94	\$68.74
10/25/00	COMMISSARY		\$37.69	\$31.05
11/2/00	COMMISSARY(RETURNED)	\$2.80		\$33.85
11/8/00	COMMISSARY		\$19.33	\$14.52

11/14/00 J.C.MARCUS INC.,		\$29.75	(\$15.23)
11/14/00 ACCESS CATALOG CO.		\$22.67	(\$37.90)
11/14/00 WALKENHOST'S		\$27.22	(\$65.12)
11/14/00 J.C.PENNEY CATALOG DEP.		\$83.98	(\$149.10)
11/18/00 300 VAR NW 46.00HR OCT.	\$236.90		\$87.80
11/21/00 COMMISSARY		\$29.84	\$57.96
12/8/00 COMMISSARY		\$22.09	\$35.87
12/11/00 300 VAR NW 40.00HR NOV.	\$206.00		\$241.87
12/14/00 EASTBAY		\$48.02	\$193.85
12/22/00 COMMISSARY		\$49.47	\$144.38
12/27/00 CHECK#1039(E.B CATALOG.)	\$26.98		\$171.36
10/8/01 COMMISSARY		\$50.53	\$120.83
1/12/01 300 VAR NW 50.00HR DEC.	\$257.50		\$378.33
1/18/01 COMMISSARY		\$62.22	\$316.11

(CL* along dotted line)

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

ACCOUNT CERTIFICATION FORM

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

12/20/00
Date

Levi Baird
Authorized Officer of Institution

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(b)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.